

GROUND 1

In March 2007, Petitioner was called up to the FMC Devens Hospital by MLP Betances and was told that the Hepatitis C viral load that came back on that said November 2006, a day before the transplantation surgery, was 7,020, much higher than would have necessitating withholding transplantation surgery, had the transplant team been informed before entering the operating room. Thus, Petitioner was being informed, for the first time, four months after the results were known, that viral load was unacceptably high a day before kidney transplantation surgery.

At that time, March 2007, blood was drawn to check again Petitioner's Hepatitis C status. Results revealed a **100-fold** astronomical INCREASE IN VIRAL LOAD TO 700,000!! Petitioner was told, understably, that because he has a transplant kidney, his Hepatitis C cannot be treated without jeopardising the kidney just transplanted.

Thus, Petitioner has been forced into a dilemma of choosing to sacrifice the new kidney transplant, kindly donated by my sister, in order to save his liver from the Hepatitis C virus.

GROUND 2

On the 23rd of March, 2007, barely four months after transplantation surgery, Dr.Bean M.D. of FMC Devens told the Petitioner that the transplant team had called him and instructed him to reduce the immunosuppressant dosage (of Mycophenolate Mofentil-CellCept) from 750mg twice a day (1500 mg a day) to 250 mg twice a day (500 mg a day)-equivalent to a 66% drop, I was amazed at this, as he did not institute an alternative immunosuppressive to cover the massive drop in immunosuppression.

One week after this catastrophic reduction in dosage, I noticed that my urine stream and volume significantly altered. Instead of a clean smooth thick single stream, my urine was coming out in several simultaneous multiple tiny streams with much less total volume than previously. When Petitioner told Dr.Bean on April 01, 2007 about this change in urine flow and volume, he said "That is impossible!"

Petitioners transplant kidney function now obviously changed, he decided to go back up-dose to 500mg twice a day. Even though this did not fully restore dosage to the previous 750mg twice a day, the Petitioner felt that his kidney functioned will be better spared by a reduction to 500mg twice a day, rather than to 250mg twice a day. His decision was vindicated when, as it turned out, his urine flow and volume returned to what it was

previously-a smooth thick stream and sufficient volume within an hour of going up to 500mg twice a day.

Petitioner then, having become seriously concerned at this time drastic turns of events called his family and told them what was happening , requesting that they make direct contact with the transplant team to let them know exactly what was happening to their patient at FMC Devens. Dr.Shaw told petitioner's family that the transplant team told Dr.Bean to **REDUCE** petitioner's mycophenolate mofetil "By" 250mg per dose, **NOT** "TO" 250mg per dose!!

On the 5th of April 2007, Dr.Bean called Petitioner to the FMC Devens Hospital and admitted to him that he misunderstood the instructions given by the transplant team over the telephone. He had mistakingly thought the team instructed him that this medication be dropped "To" 250mg twice a day. He explained that he now understood the instructions was to cut the dosage "By" 250mg, which means the Petitioner should now be on 500mg twice a day, dropped from 750mg twice a day. As according to the Petitioner's thinking, he had accurately come down to only 500mg twice a day once he had experienced the adverse response of his kidney to a catastrophic drop to 250mg per dose (Twice a day). As it has been apparent, Petitioner's renal status was placed in severe danager for one week (7days) while he was on a dangerous 66% drop in dosage, clearly against the wishes and instructions of the transplant team. Thus, the kindness of Petitioner's sister, who donated the allograft was in danager of having been in vain. Also the hours of transplantation surgery by the efficient physicians transplant team was in danager of becoming a waste.

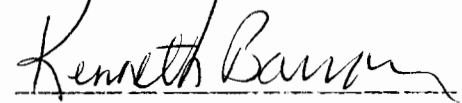
Thus, if it wasn't for the Petitioner's decision to take the increased dosage of 500mg of CellCept the Petitioner would have been back on dialysis by now. Dr.Bean actually expressed relief that his mistake was going to lead to that but hadn't. Petitioner's sister's love, kindness, and concern would been all in vain.

At this point in time, it is not clear to any one how much damage has been done to the allograft by the catastrophic drop from 1500mg per day to 500mg per day, instead of to 1000mg per day which the transplant team recommended-a 50% fifference in dosage level as well as in immunosuppression.

Petitioner respectfully requests this Honorable court to observe that, on these two (2) grounds, event occuring within six (6) months of one another, the Bureau of Prisons, specifically the FMC Devens Health Department, has totally mismanaged my health to the extent of putting Petitioner's life in danager, and threatening the long-term survival of the Petitioner from both Hepatitis C and Kidney diseases, a situation that caused great compensation to be due, in line with here to force filed Case

Number: 04-CV-40023.

Respectfully Submitted,

A handwritten signature in cursive script, appearing to read "Kenneth Barron", written over a horizontal line.

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